

Dear Parent or Guardian:

We are writing to let you know that **(Name)** School has received the results of the Spring, 2006 Utah Criterion Referenced Tests (tests of academic achievement) and we are very pleased to announce that our school has made Adequate Yearly Progress (AYP) for the 2005-2006 school year. **(here note areas of weakness from previous year and progress made this year; can also note substantial progress made in other areas)**. However, **(Name)** School did not make AYP in **(subject area[s])** in 2004-05 and so remains in Title I School Program Improvement until making AYP for two consecutive years.

This means several things for your school. Most importantly, **(Name)** School will continue to focus on ways to achieve success for all students. In the past year the school has **(list actions)**, and we believe these improvement efforts have contributed to our recent successes. However, parent support is essential to **(Name)** School. Communicating with your student's teachers, making sure your student attends school regularly, helping your student with homework, monitoring your student's television time, volunteering in the classroom, and participating in school decision-making are important. We will continue to invite you to participate in school improvement planning activities.

Under the Federal NCLB legislation, until **(Name)** School has made AYP in **(subject area[s])** for two years in a row, parents continue to have the option to:

1. Remain at the school and participate in the school improvement process; or
2. Seek enrollment in one of the designated schools below.

(List at least 2 schools, along with websites or brief descriptions, including AYP status)

While all parents will have the opportunity to indicate whether they want their students to attend another school, there is no guarantee that all students can be accommodated. If your student's application to enroll in another school is approved, the school district will provide transportation services. Transportation will be provided until **(Name)** School exits program improvement, but your student may remain at the new school until the highest grade is completed.

Please be aware that the staff at **(Name)** school has a relationship with your student and would like to continue serving all our students. If, however, you choose to apply for a transfer, fill out the form attached to this letter, and return it to **(place)**. We must receive your response no later than **(date)**. If you need assistance or have questions, please contact **(person/phone)**.

Sincerely,

District Superintendent, Title I Director, Principal

NO CHILD LEFT BEHIND ACT TRANSFER REQUEST FORM

Submitting this form indicates your preference to have your student enrolled in another school, but there is no guarantee that your student will be able to enroll in your first choice. Your response is due (**date**). Complete a separate form for each student.

Dear District Administrator:

I request that my student, _____, be considered for transfer to the following school based on space availability.

_____ 1st Choice

_____ 2nd Choice

IF YOU WISH TO HAVE YOUR STUDENT REMAIN AT HIS/HER CURRENT SCHOOL, NO RESPONSE IS NECESSARY.

Parent/Guardian Name

Student's Current School

Parent/Guardian Signature

Date

Phone Number